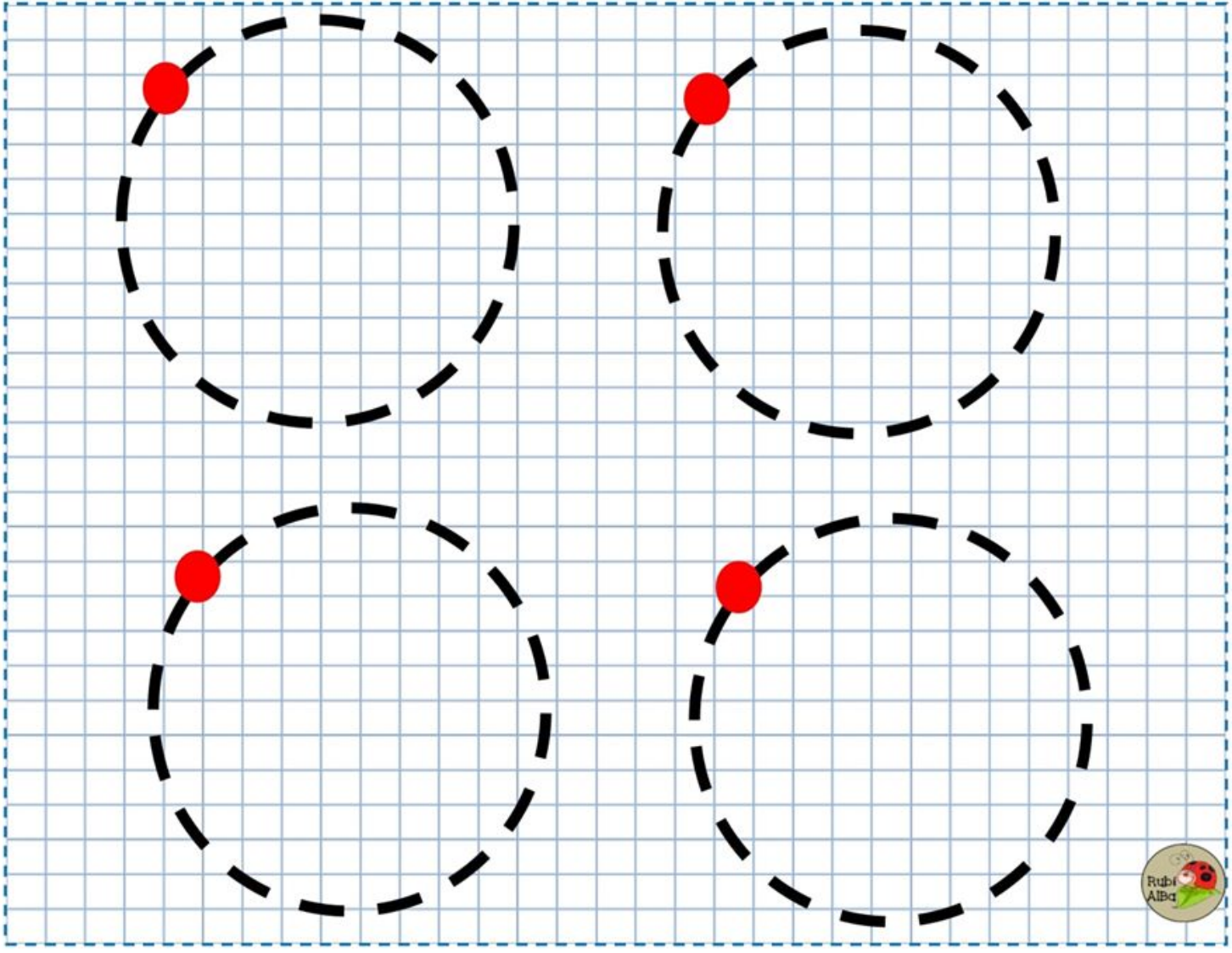
Cuadernillo de Preescritura

Autismo

Nombre: _____

Grado:_____ Grupo:_____

Nombre del maestro:_____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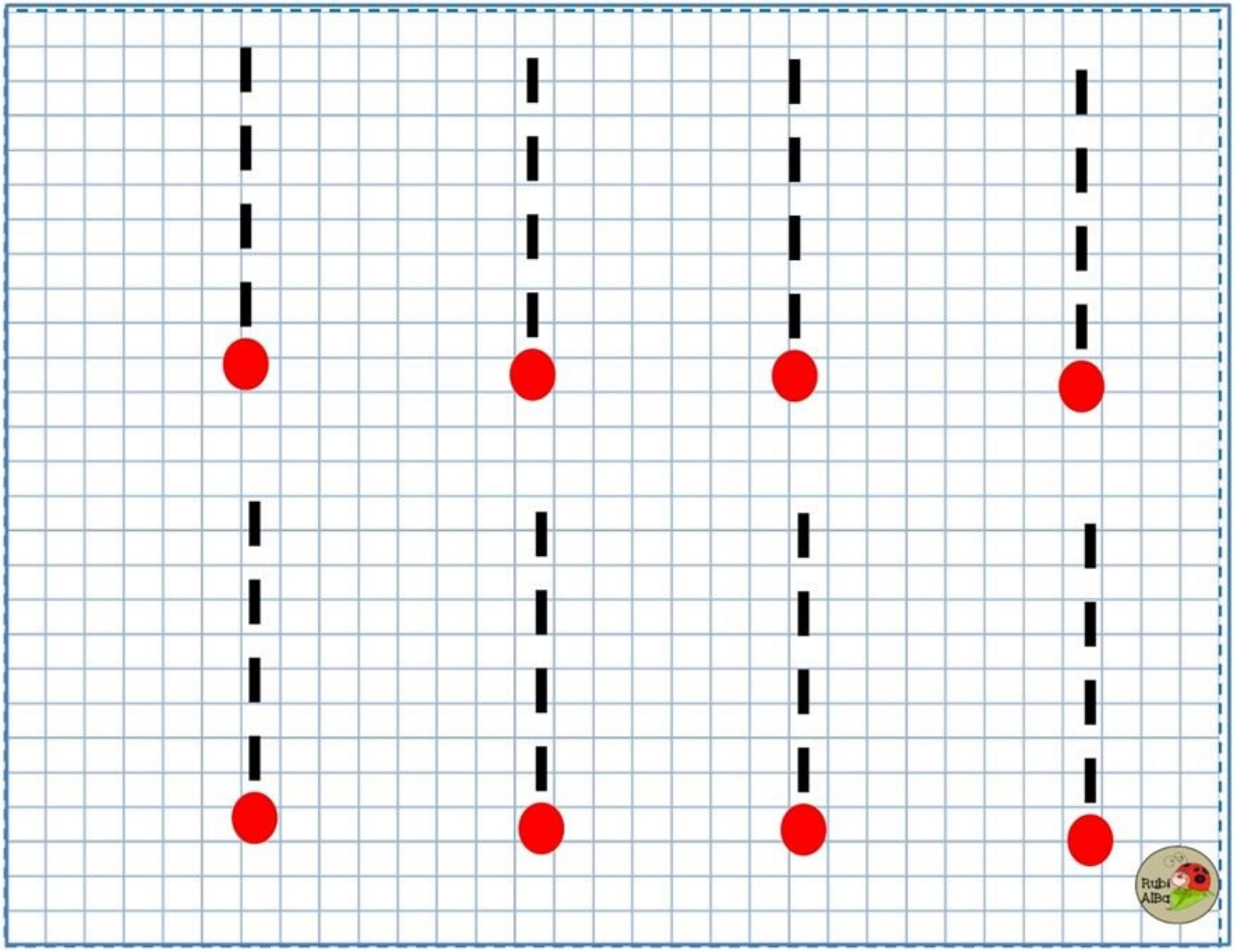
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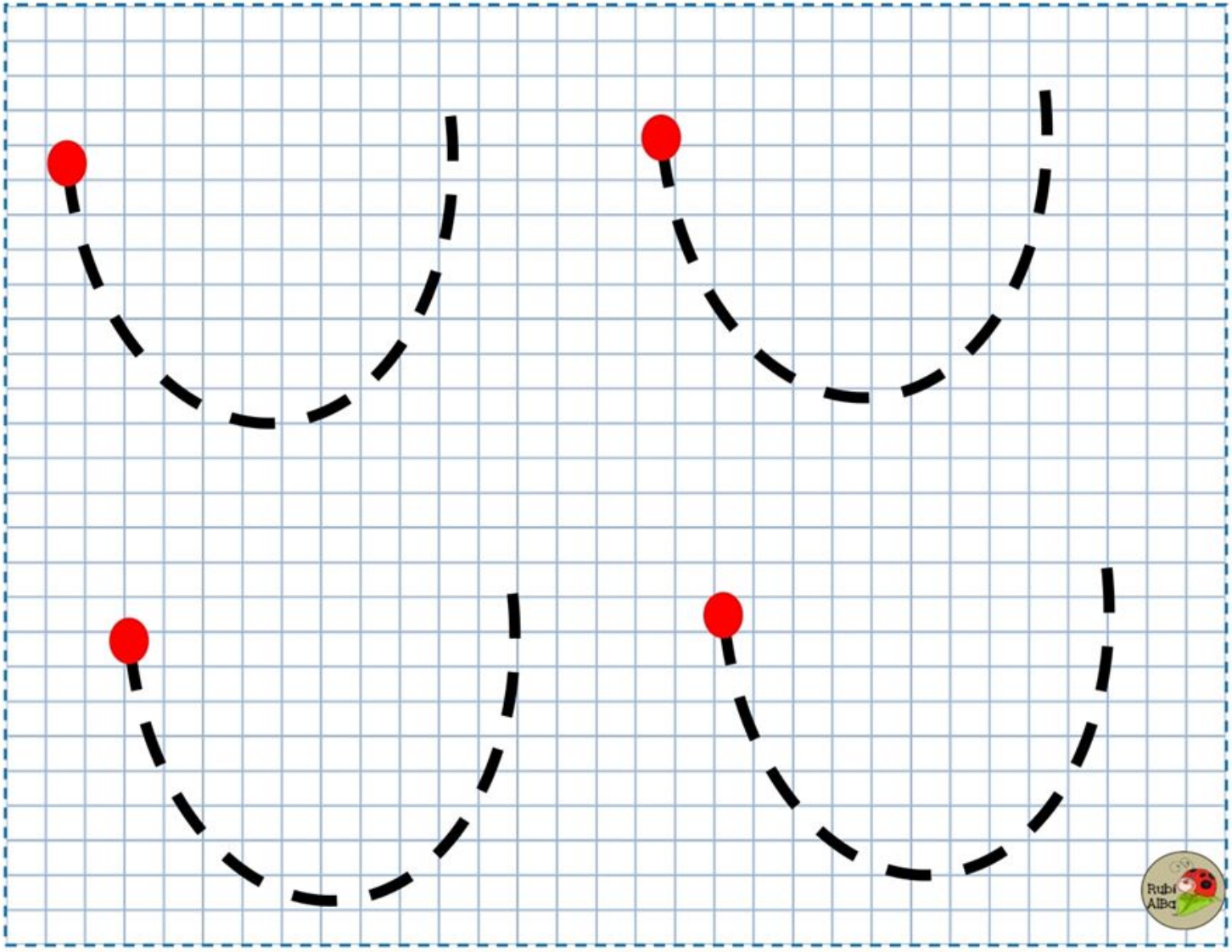
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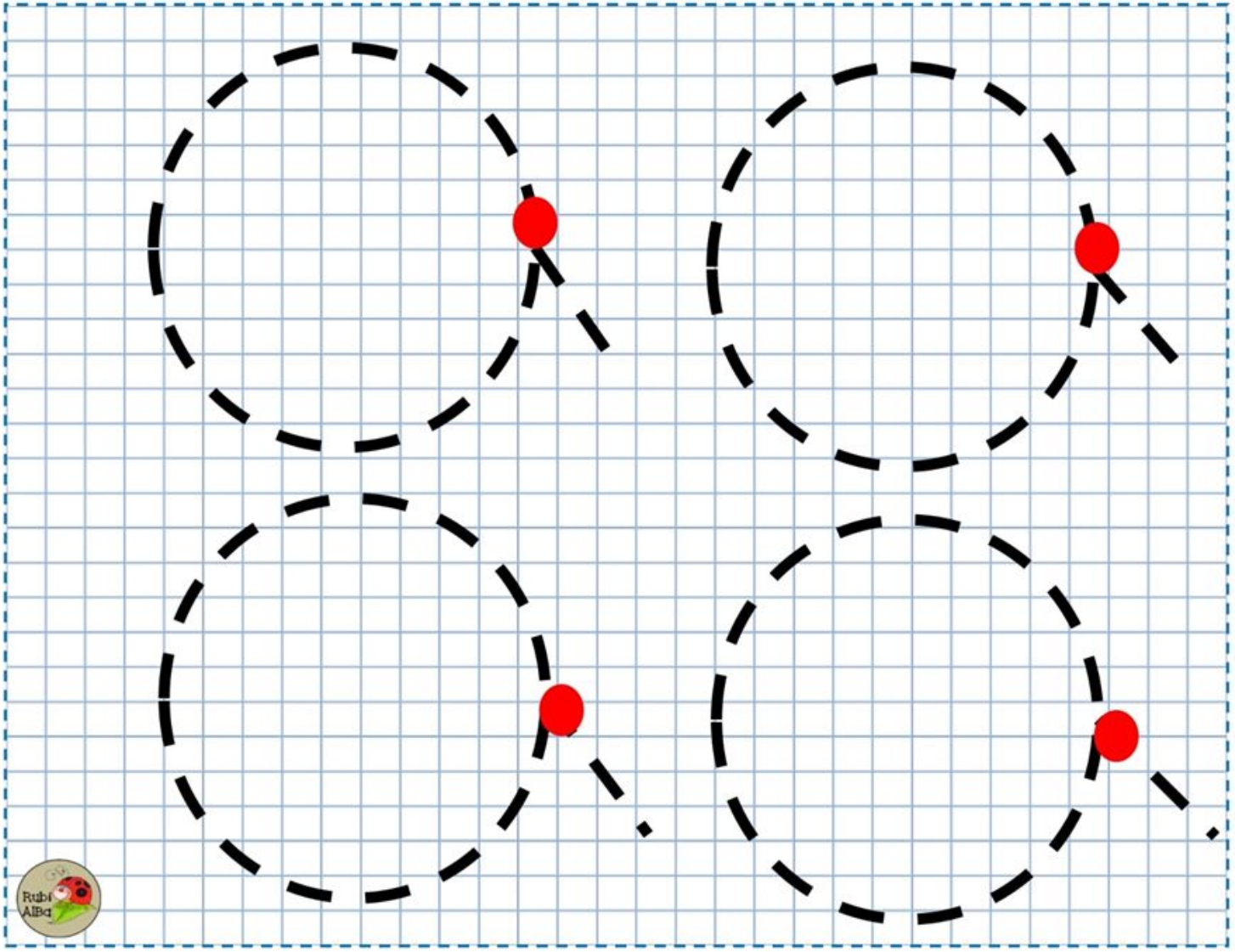
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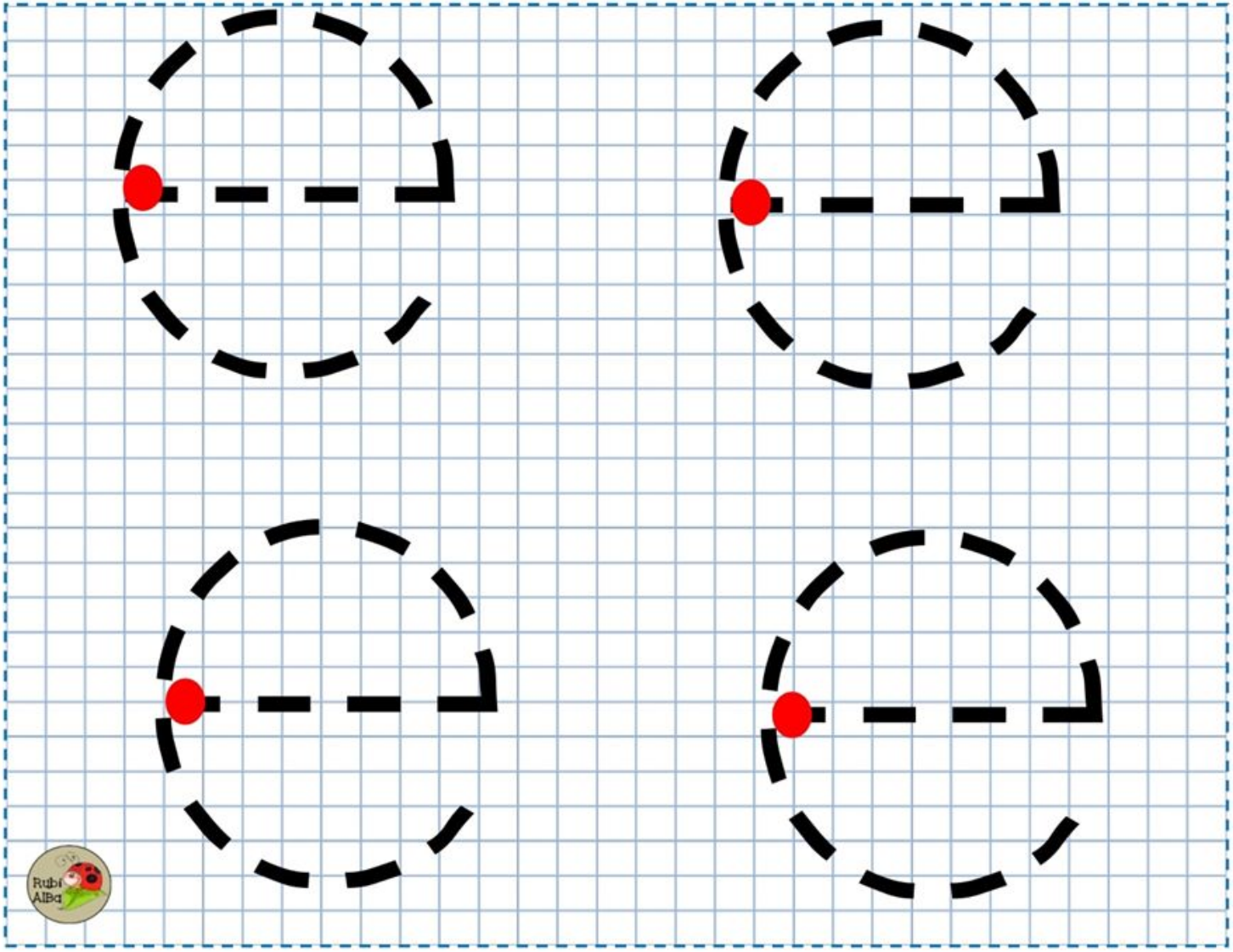
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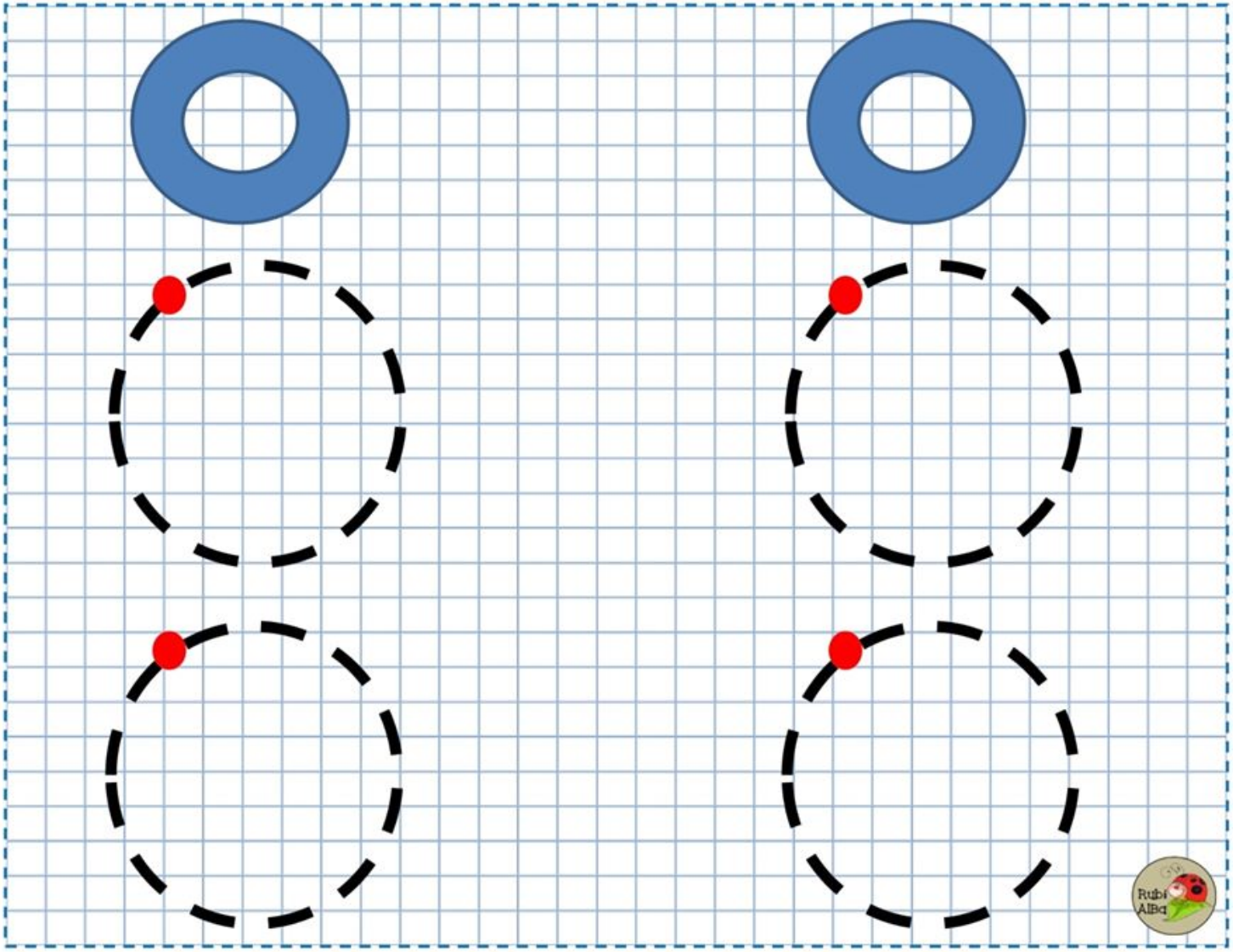

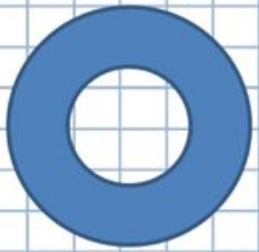

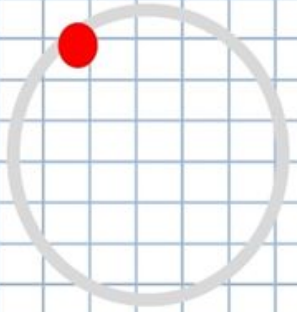

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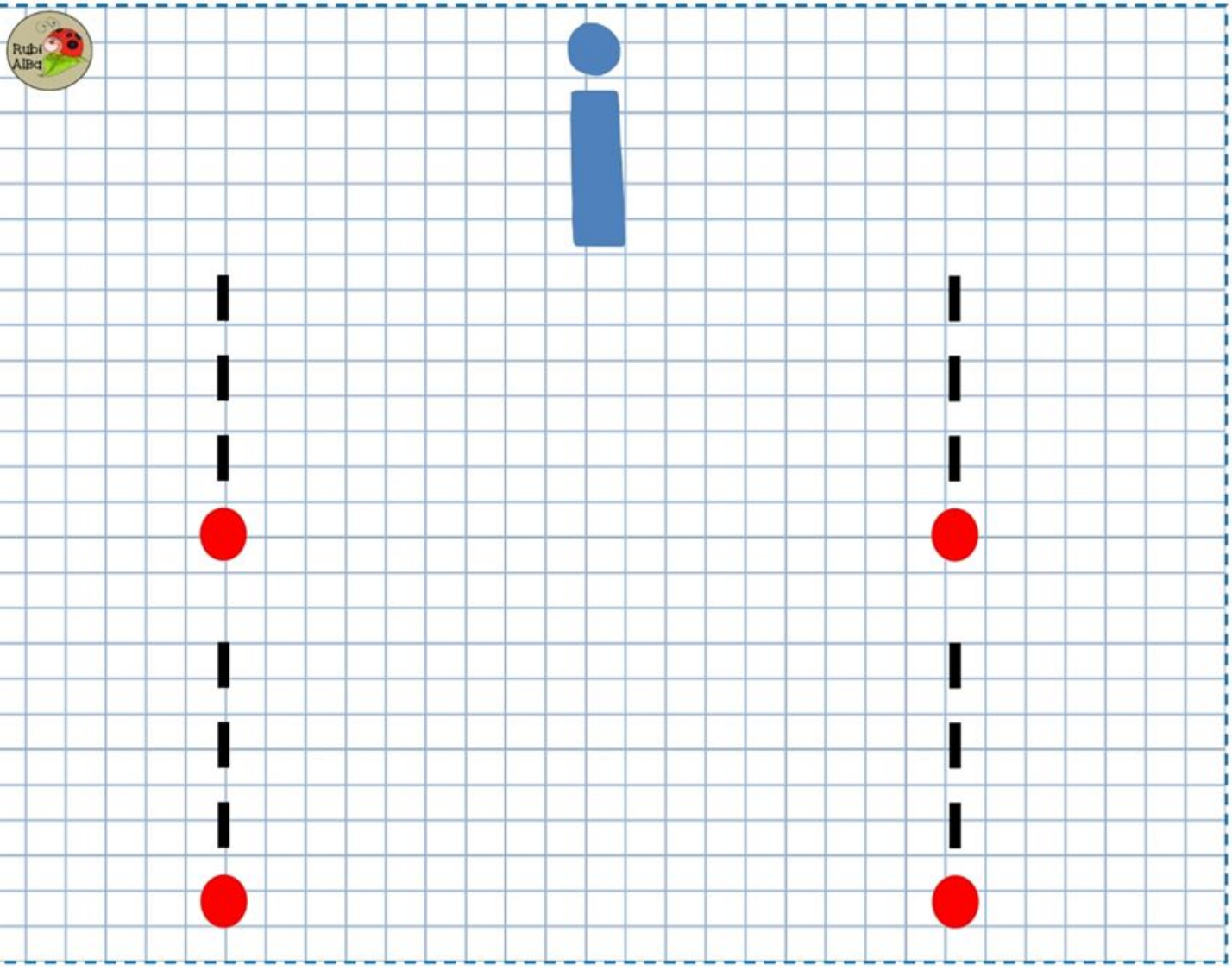
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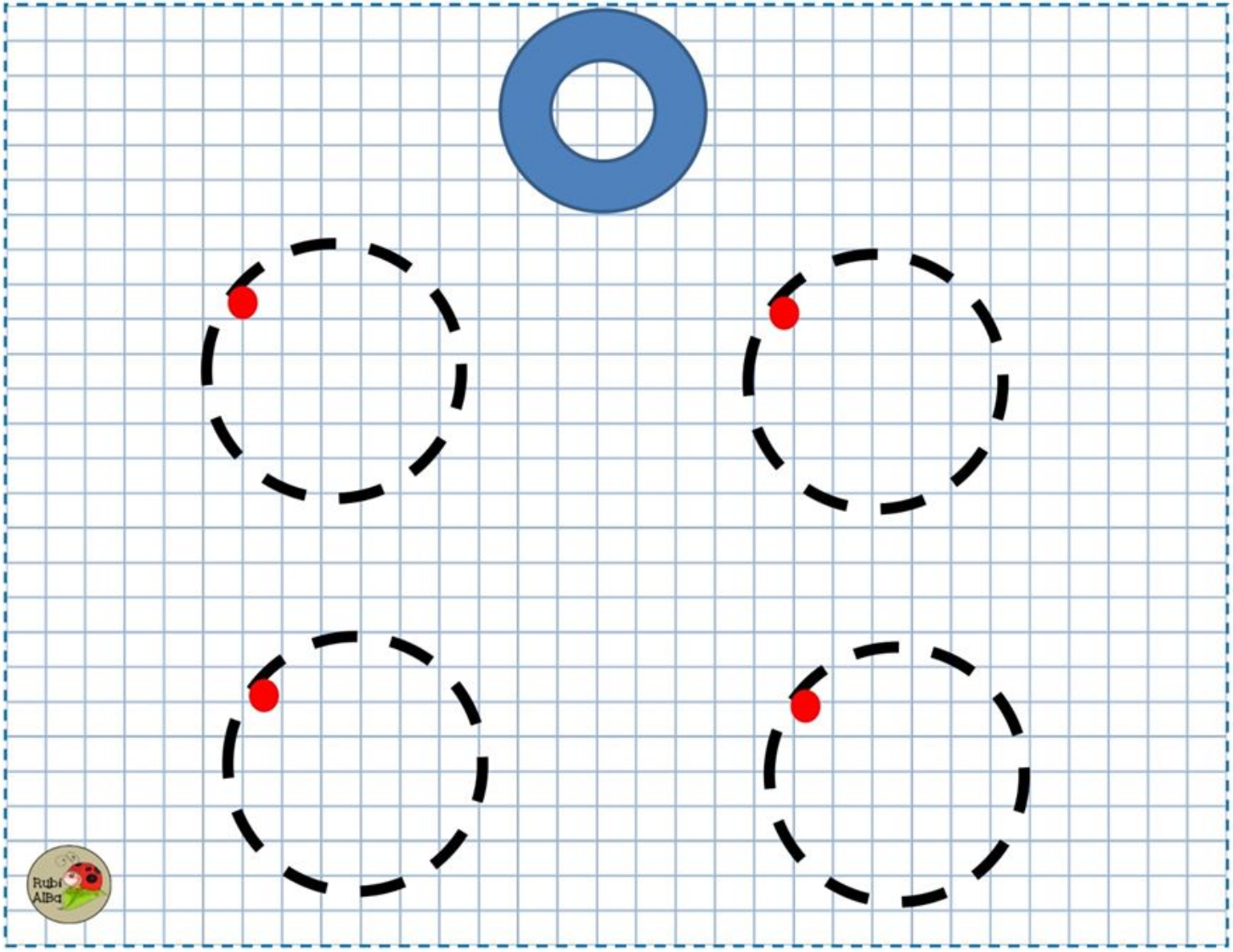
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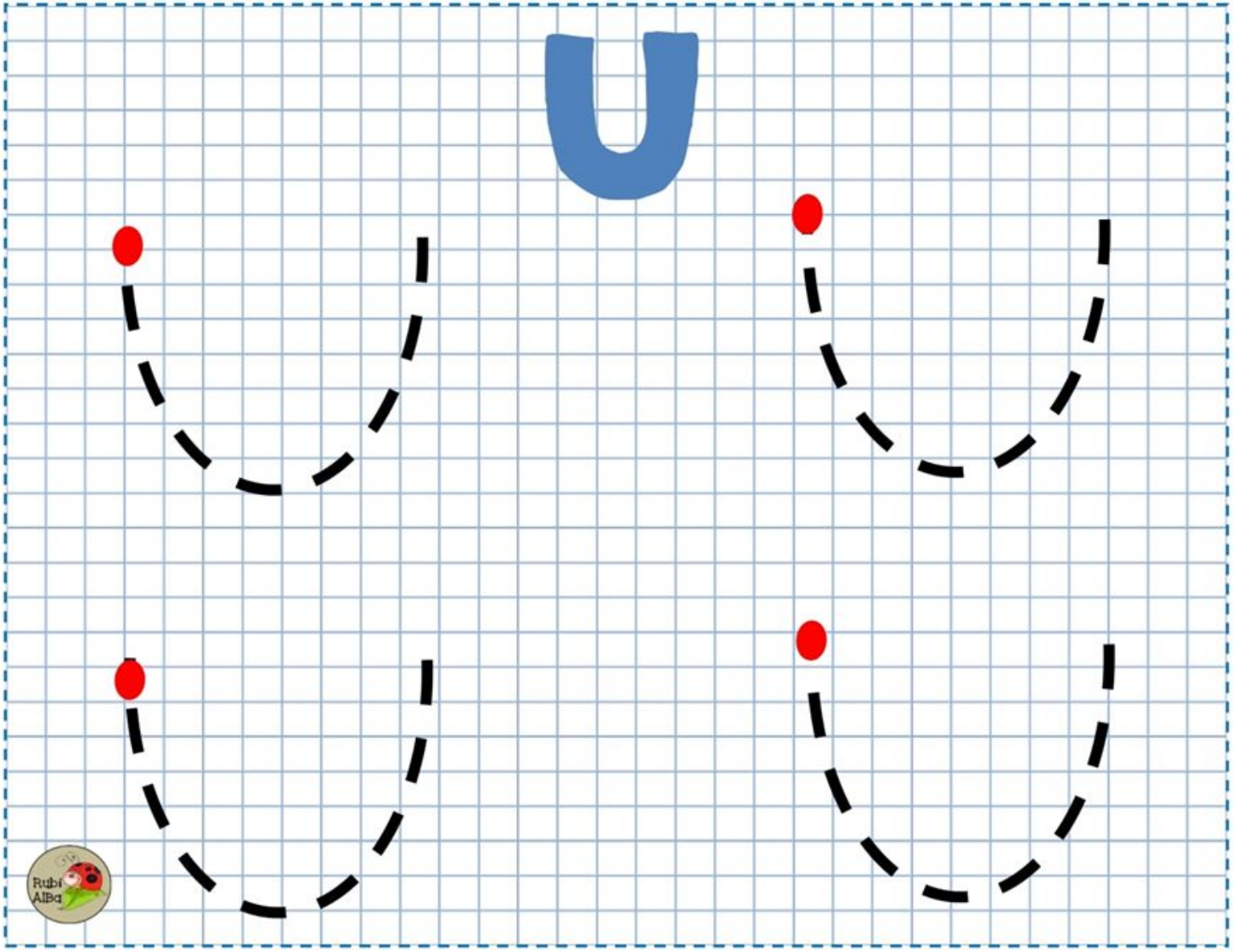
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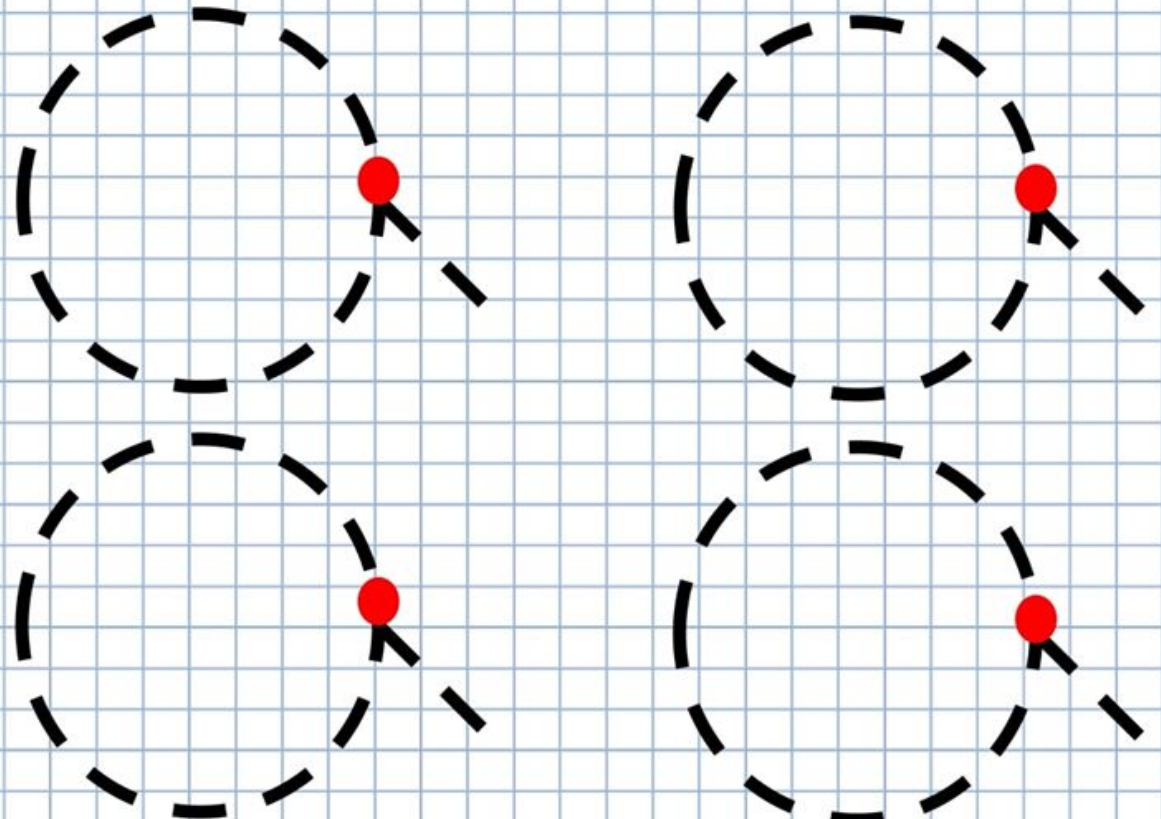

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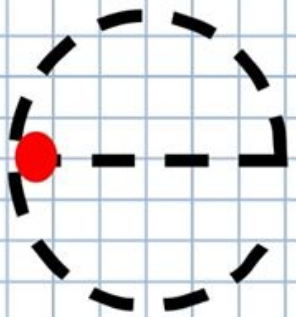

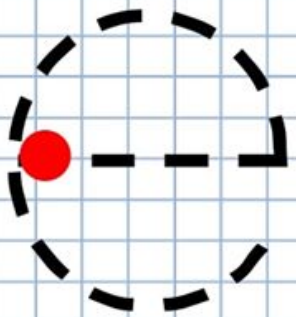

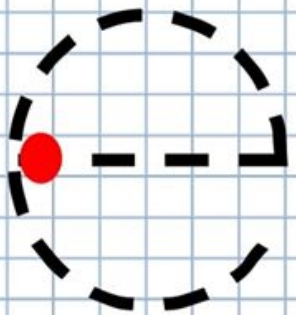

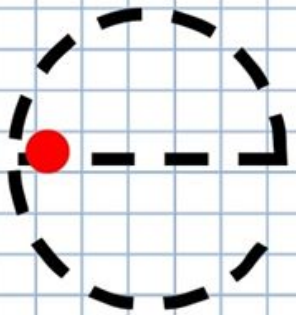

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